

SAMPLE

FY _____

SURVEY OF ON-SITE WASTE WATER DISPOSAL SYSTEMS

Applicant: _____ City or County: _____

Address: _____ Map Reference No.: _____

Is there RAW SEWAGE on the Ground Surface? (Yes) (No)

Where: _____ (Depict Graphically Below)



Estimated Lot Size: _____ No. of Bathrooms in Dwelling: _____

Size of System, if Known: _____ Estimated L.F.
Gallon Tank: _____ of Field Lines: _____

Estimated Age of System in Years: ____ Has the System Been Expanded? (Yes) (No)

Is the graywater disposed of through the septic tank? (Yes) (No)

Soil Type: _____

Limitations for Septic Systems? Soil Type ____ Water Table ____ Other (Explain)

Does the System Appear to be Operating Properly? (Yes) (No)

Additional Comments and Observations?

Date

Inspector